

Department of Alcoholic Beverage Control
APPLICATION QUESTIONNAIRE

State of California
GRAY DAVIS, Governor
Business, Transportation and Housing Agency
MARIA CONTRERAS-SWEET, Secretary

Please read instructions, which includes Privacy Notice, before completing form.

1. APPLICANT'S NAME(S) (If an individual, last name, first name, middle name. Name of entity if corporation, limited partnership or limited liability company.)

2. LICENSE TYPE(S) (Check appropriate items)	3. TRANSACTION TYPE (Check appropriate item)
<input type="checkbox"/> 20 Off-Sale Beer & Wine	<input type="checkbox"/> Original (New)
<input type="checkbox"/> 21 Off-Sale General	<input type="checkbox"/> Person-to-Person Transfer (check appropriate section):
<input type="checkbox"/> 40 On-Sale Beer	<input type="checkbox"/> Section 24071 (Surviving spouse, corporations, fiduciaries, etc.)
<input type="checkbox"/> 41 On-Sale Beer & Wine Eating Place	<input type="checkbox"/> Section 24071.1 (Corporate Stock/Limited Partnership)
<input type="checkbox"/> 42 On-Sale Beer & Wine Public Premises	<input type="checkbox"/> Section 24071.2 (Limited Liability Company)
<input type="checkbox"/> 47 On-Sale General Eating Place	<input type="checkbox"/> Premises-to-Premises Transfer
<input type="checkbox"/> 48 On-Sale General Public Premises	<input type="checkbox"/> Exchange
<input type="checkbox"/> Other	<input type="checkbox"/> Other

4. TEMPORARY PERMIT REQUESTED (Person-to-Person transfers only)

☐ Yes ☐ No

5. PREMISES ADDRESS (Where license to be issued) (Street number and name, city, zip code)

County

6. PREMISES TELEPHONE NUMBER

()

7. PREMISES ARE INSIDE CITY LIMITS

☐ Yes ☐ No

8. BUSINESS NAME (DBA) YOU WILL USE

9. BUSINESS MAILING ADDRESS (Street number and name, city, state, zip code)

10. MAILING ADDRESS

☐ Permanent ☐ Temporary

11. ABC LICENSE COST (Item #32a on reverse)

12. SUBTOTAL (Item #32f on reverse)

13. HAS THE APPLICANT(S) EVER BEEN
CONVICTED OF A FELONY?

☐ Yes ☐ No

14. HAS THE APPLICANT(S) EVER VIOLATED ANY OF THE PROVISIONS OF THE ALCOHOLIC BEVERAGE CONTROL ACT OR REGULATIONS
OF THE DEPARTMENT PERTAINING TO THE ACT?

☐ Yes ☐ No

15. IF YES TO ITEM 13 OR 14, PLEASE EXPLAIN

16. TRANSFEROR'S NAME (If an individual, last, first, middle. Name of entity if corporation, limited partnership or limited liability company.)

17. ABC LICENSE NUMBER

18. TRANSFEROR'S PREMISES ADDRESS (Where license is now issued) (Street number and name, city, zip code)

19. PREMISES UNDER CONSTRUCTION

☐ Yes ☐ No

IF YES, LIST ESTIMATED COMPLETION DATE

20. FRANCHISE

☐ Yes ☐ No

21. NAME OF PERSON WE MAY CONTACT (For the applicant)

22. TITLE OF CONTACT PERSON

23. CONTACT TELEPHONE NUMBER

()

24. PREMISES IS CURRENTLY LICENSED

☐ Yes ☐ No

IF YES, TYPE OF LICENSE

25. CURRENT LICENSE IS OPERATING

☐ Yes ☐ No

IF NO, DATE CLOSED

FINANCIAL INFORMATION

26. ESCROW COMPANY'S NAME

ESCROW COMPANY'S ADDRESS

TELEPHONE NUMBER

()

27. BOOKKEEPER/ACCOUNTANT'S NAME

BOOKKEEPER/ACCOUNTANT'S ADDRESS

TELEPHONE NUMBER

()

28. LANDLORD'S NAME

LANDLORD'S ADDRESS

TELEPHONE NUMBER

()

29. MONTHLY RENT

30. LEASE EXPIRATION DATE

31. INDICATE WHETHER LEASE OR RENTAL AGREEMENT INCLUDES FURNITURE OR FIXTURES

☐ All ☐ Some ☐ None

32. INVESTMENT INFORMATION	COST
a. ABC License	\$
b. Furniture/fixtures	\$
c. Inventory	\$
d. Goodwill/non-compete covenant	\$
e. Leasehold Improvements	\$
f. SUBTOTAL (Usually should equal the recorded notice)	\$
g. Fees for other licenses, permits, and deposits (approximate). Include Federal, State, County or City license fees or permits; lease and utility deposits	\$
h. Working capital (approximate)	\$
i. Realty or interest therein	\$
j. TOTAL INVESTMENT (Items f through i)	\$

33. Investment Details - Of the total investment (Item 32j), \$ _____ will be cash (include any loans or lines of credit). Explain source of cash:

The remaining amount, \$ _____, will not be cash and it will be paid as follows (for example, promissory note to seller for \$_____, payable @ \$__ per month for __ years):

34. LIST ALL BANK ACCOUNTS FOR THIS BUSINESS OPERATION

BANK NAME	BANK ADDRESS	ACCOUNT NUMBER
a.		
b.		

c. NAMES OF ALL PERSONS AUTHORIZED TO SIGN ON BANK ACCOUNT(S) (Print)

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s). For a period of 90 days from this date, I/we hereby authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my/our financial institution(s) or any financial records established in connection with this business. This authorization to examine records at any financial institution may be revoked at any time. I/we also authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of any business records or documents established in connection with this business including, but not limited to those on file with my/our bookkeeper. I/we also read all of the above and declare under penalty of perjury that each and every statement is true and correct.

35. APPLICANT SIGNATURE (Only one signature needed)	PRINTED NAME	DATE SIGNED
---	--------------	-------------

ATTEST (ABC Employee or Notary Public)